

PATENT APPLICATION Attorney Docket: 678-578 (P9616)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):

Hyun-Jeong KIM

Examiner: Ly, Nghi H.

Serial No.:

09/734,852

Group: Art Unit 2686

Filed:

December 11, 2000

Dated: January 5, 2005

For:

METHOD OF NOTIFYING A CALLER OF MESSAGE

CONFIRMATION IN A WIRELESS COMMUNICATION SYSTEM

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

- Small entity status of this application under 37 C.F.R. §§1.9 and 1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity under 37 C.F.R. §§1.9 and 1.27 is enclosed.
- [X] No additional fee is required.

For	Claims Remaining After Amendment	Highest No. Previously Paid For	Present Extra	Rate (Small Entity)	Addit. Fee	Rate	Addit. Fee
TOTAL CLAIMS	12	20	0	x 25 =	\$0	x 50 =	\$0
INDEPENDENT CLAIMS	3	4	0	x100 =	\$0	x200 =	\$0
[] First Presentation of Multiple Dep. Claim				180		360	\$0

## CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope addressed to: Mail Stop Amendment, Complissional for Patents, 19,00 Box 1450, Alexandria, VA 22313-1450.

Dated: January 5, 2005

<sup>\*</sup>If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.
\*\*If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".
\*\*\*If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

- [] Please charge Deposit Account No. <u>04-1121</u> in the amount of \$\_\_\_. Two (2) copies of this sheet are enclosed.
- A check in the amount of <u>\$</u> is enclosed.
- [X] Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. §§1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. <u>04-1121</u>. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. <u>04-1121</u> therefor. A DUPLICATE OF THIS SHEET IS ENCLOSED.

Respectfully submitted,

Paul J. Farrell Reg No. 33,494

Attorney for Applicant(s)

DILWORTH & BARRESE, LLP 333 Earle Ovington Blvd. Uniondale, NY 11553 (516) 228-8484

PJF/DMO/las

PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Appendent Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMR control number Complete if Known Effective on 12/08/2004. suant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 09/734,852 Application Number TRANSMI **December 11, 2000** Filing Date For FY 2005 Hyun-Jeong KIM First Named Inventor Ly, Nghi H. **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 2686 Art Unit TOTAL AMOUNT OF PAYMENT (\$) 120.00 678-578 (P9616) Attorney Docket No. METHOD OF PAYMENT (check all that apply) X Check Credit Card Money Order None Other (please identify): Deposit Account Name: Dilworth & Barrese, LLP Deposit Account Deposit Account Number: 04-1121 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity Small Entity** Fees Paid (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 200 300 500 100 Utility 150 250 Design 200 100 100 50 130 65 200 300 160 80 Plant 100 150 300 500 250 600 300 Reissue 150 200 0 Provisional 100 0 **Small Entity** 2. EXCESS CLAIM FEES Fee Description Fee (\$) 25 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 360 Multiple dependent claims **Multiple Dependent Claims Extra Claims** Fee Paid (\$) **Total Claims** Fee (\$) Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20 Fee (\$) **Extra Claims** Fee Paid (\$) Indep. Claims - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Fee Paid (\$) **Extra Sheets** Number of each additional 50 or fraction thereof **Total Sheets** (round up to a whole number) x - 100 =

SUBMITTED BY	0 0 1 011		
Signature	Saul faull	Registration No.33,494 (Attorney/Agent)	Telephone <b>516 228-8484</b>
Name (Print/Type	Pau/J. Farrell		Date January 5, 2005

Fees Paid (\$)

120.00

CERTIFICATION UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: January 5, 2005

(Nathe) Paul J. Farrell

Non-English Specification, \$130 fee (no small entity discount)

Other: One-month Extension of Time Fee

4. OTHER FEE(S)